

HIPAA SERVICE CODE AND STATUS	HIPAA CODE SHORT DESCRIPTION	SPC BASE CODE	SPC SUB CATEGORY	SPC SHORT DESCRIPTION	HSRS PROGRAM MODULE
A0080 Approved	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest.	107	40	Specialized Transportation & Escort - miles	COP
A0090 Approved	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest.	107	40	Specialized Transportation & Escort - miles	COP
A0100 Approved	Non-emergency transportation; taxi.	107	30	Specialized Transportation & Escort - 1 way trips	COP
A0130 Approved	Non-emergency transportation; wheelchair van.	107	30	Specialized Transportation & Escort - 1 way trips	COP
A0160 Approved	Non-emergency transportation: per mile - caseworker or social worker. 6) Non-emergency transportation; mileage, per mile.	107	40	Specialized Transportation & Escort - miles	COP
A4206 - A9901 Approved	Miscellaneous medical supplies.	112	55	Specialized Medical Supplies	COP
B4034 - B9999 Approved	Enteral and parenteral therapy supplies.	112	55	Specialized Medical Supplies	COP
E1399 Approved	Durable Medical Equipment, miscellaneous	112	47	Communication Aids	COP
G0176 Approved	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more).	403	02	Alternative Activities	COP
H0036 Approved	Community psychiatric supportive treatment, face-to-face, per 15 minutes.	509	blank	Community Support	COP
H0037 Approved	Community psychiatric supportive treatment program, per diem.	509	blank	Community Support	COP
H0041 Approved	Foster care, child, non-therapeutic, per diem.	203	blank	Children's Foster Home	COP
H0043 Approved	Supported housing, per diem.	106	03	Housing Start-up	COP
H0044 Approved	Supported housing, per month.	106	03	Housing Start-up	COP
H0045 Approved	Respite care services, not in the home, per diem.	103	99	Respite Care - Other	COP
H2000 Approved	Comprehensive multidisciplinary evaluation.	301	blank	Court Intake and Studies	COP
H2023 Approved	Supported employment, per 15 minutes.	615	blank	Supported Employment	COP
H2024 Approved	Supported employment, per diem.	615	blank	Supported Employment	COP
H2025 Approved	Ongoing support to maintain employment, per 15 minutes.	615	blank	Supported Employment	COP
H2026 Approved	Ongoing support to maintain employment, per diem.	615	blank	Supported Employment	COP
H2032 Approved	Activity therapy, per 15 minutes.	403	02	Alternative Activities	COP
K0541 - K0547 Approved	Speech generating devices and their accessories.	112	47	Communication Aids	COP
S0215 Approved	Non-emergency transportation; mileage, per mile.	107	40	Specialized Transportation & Escort - miles	COP
S5100 Approved	Day care services, adult ; per 15 minutes.	102	blank	Adult Day Care	COP
S5101 Approved	Day care services, adult; per half day.	102	blank	Adult Day Care	COP

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S5102 Approved	Day care services, adult; per diem.	102	00	Adult Day Care	COP
S5105 Approved	Day care services, center-based; services not included in program fees, per diem.	101	00	Child Day Care	COP
S5120 Approved	Chore services, per 15 minutes.	104	24	SHC Chore Services - Hours	COP
S5121 Approved	Home care training, family; per diem.	104	12	SHC Supervision Services - Days	COP
S5130 Approved	Homemaker service, NOS; per 15 minutes.	104	23	SHC Routine Home Care Service - Hours	COP
S5131 Approved	Homemaker service, NOS; per diem.	104	13	SHC Routine Home Care Service - Days	COP
S5160 Approved	Emergency response system; installation and testing.	112	46	Personal Emergency Response Systems	COP
S5161 Approved	Emergency response system; service fee, per month (excludes installation and testing).	112	46	Personal Emergency Response Systems	COP
S5162 Approved	Emergency response system; purchase only.	112	46	Personal Emergency Response Systems	COP
S5165 Approved	Home modifications, per service.	112	56	Home Modifications	COP
S5170 Approved	Home delivered meals, including preparation; per meal.	402	blank	Home Delivered Meals	COP
S9123 Approved	Nursing care, in the home, by registered nurse, per hour.	710	blank	Skilled Nursing Services	COP
S9124 Approved	Nursing care, in the home, by licensed practical nurse, per hour.	710	blank	Skilled Nursing Services	COP
S9125 Approved	Respite care services, in the home, per diem.	103	22	Residential Respite	COP
T1000 Approved	Private duty / independent nursing service(s) - licensed, up to 15 minutes.	710	blank	Skilled Nursing Services	COP
T1001 Approved	Nursing assessment / evaluation.	710	blank	Skilled Nursing Services	COP
T1002 Approved	RN services, up to 15 minutes.	710	blank	Skilled Nursing Services	COP
T1003 Approved	LPN / LVN services, up to 15 minutes.	710	blank	Skilled Nursing Services	COP
T1005 Approved	Respite care services, up to 15 minutes.	103	99	Respite Care-Other	COP
T1008 Approved	Day treatment for individual alcohol and / or substance abuse services.	503	blank	Inpatient	COP
T1009 Approved	Child sitting services for children of the individual receiving alcohol and / or substance abuse services.	101	00	Child Day Care	COP
T1012 Approved	Alcohol and / or substance abuse services, skills development.	108	blank	Prevocational Services	COP
T1013 Approved	Sign language or oral interpretive services, per 15 minutes.	507	03	Counseling and Therapeutic Resources - Hours	COP
T1016 Approved	Case management, each 15 minutes.	507	03	Counseling and Therapeutic Resources - Hours	COP
T1017 Approved	Targeted case management, each 15 minutes.	604	blank	Case Management	COP

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T1019 Approved	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code not be used to identify services provided by home health aide or certified nurse assistant).	104	21	SHC Personal Care - Hours	COP
T1020 Approved	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code not be used to identify services provided by home health aide or certified nurse assistant).	104	11	SHC Personal Care - Days	COP
T1027 Approved	Family training and counseling for child development, per 15 minutes.	110		Daily Living Skills Training	COP
T1030 Approved	Nursing care, in the home, by registered nurse, per diem.	710	blank	Skilled Nursing Services	COP
T1031 Approved	Nursing care, in the home, by licensed practical nurse, per diem.	710	blank	Skilled Nursing Services	COP
T1999 Approved	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in 'remarks'.	507	04	Counseling and Therapeutic Resources - Items / Services	COP
T2001 Approved	Non-emergency transportation; patient attendant / escort.	107	30	Specialized Transportation & Escort - 1 way trips	COP
T2002 Approved	Non-emergency transportation; per diem.	107	30	Specialized Transportation & Escort - 1 way trips	COP
T2003 Approved	Non-emergency transportation; encounter / trip.	107	30	Specialized Transportation & Escort - 1 way trips	COP
T2004 Approved	Non-emergency transportation; commercial carrier, multi-pass.	107	30	Specialized Transportation & Escort - 1 way trips	COP
V5268 - V5274 Approved	Assistive listening devices (other than hearing aid).	112	47	Communication Aids	COP